

Appendix 8  
Sample Authorization to Access Medicaid Funds

Dear Parents:

Under a recent change in law, your local school district may bill Wisconsin Medicaid (also called Medical Assistance and Katie Beckett) for covered services provided to Medicaid-eligible children enrolled in special education programs. These services include: nursing services, therapy services, special transportation, durable medical equipment, psychological services, counseling, social work services, and developmental testing and assessment. The intent of this new law is to return federal dollars to Wisconsin and provide funding for special education.

So that we may obtain Medicaid eligibility information and, if appropriate, file claims with Medicaid for reimbursement of services provided to your child, please complete and return one copy of this form in the self-addressed envelope that is included. Please keep the second copy for your files.

If you have questions, please contact me at: \_\_\_\_\_.

Sincerely,

\_\_\_\_\_  
*name and title of school district contact person*

*(School districts should indicate on this form the information they intend to release to Medicaid.)*

I, the undersigned, hereby request and authorize \_\_\_\_\_ to release to Medicaid the information indicated below: *school district*

- \_\_\_\_\_ Official student academic/administrative records (identifying information, grade level completed, grades, class rank, attendance records, and group aptitude and achievement test results)
- \_\_\_\_\_ Medical and/or related health records
- \_\_\_\_\_ Psychological evaluations and related reports
- \_\_\_\_\_ Appropriate agency reports
- \_\_\_\_\_ Individualized education program
- \_\_\_\_\_ Others (specify)

I understand that:

My consent to release this information is voluntary.  
My refusal to consent will not result in denial or limitation of services for my child.  
This permission is valid for one year from the date signed.  
A copy of this form is as effective as the original.

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

Please Return to: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_